

UNITED STATES DISTRICT COURT
for the
District of New Hampshire

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|---|---|
| New Hampshire Indonesian Community Support, et al |) |
| |) |
| |) |
| |) |
| <hr/> |) |
| <i>Plaintiff(s)</i> |) |
| v. |) |
| Donald J. Trump, et al |) |
| |) |
| |) |
| <hr/> |) |
| <i>Defendant(s)</i> |) |

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Administrator of the Centers for Medicare and Medicaid Services
The Centers for Medicare and Medicaid Services
330 Independence Ave, S.W., Room 5300
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Attorney SangYeob Kim
American Civil Liberties Union of New Hampshire
18 Low Ave
Concord NH 03301

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____,
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

_____ *Printed name and title*

_____ *Server's address*

Additional information regarding attempted service, etc: